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Contemporary Multiple Myeloma Treatment Patterns Among HCPs and Concordance with Expert Recommendations: Analysis of an Interactive Online Decision Support Tool

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Background: The management of multiple myeloma (MM) continues to evolve with the emergence of new classes of therapy, most recently including BCMA-targeted therapies. Considering the expanding MM treatment armamentarium, we sought to identify contemporary practice patterns among healthcare professionals (HCPs) for MM and compare them with those of experts using an online decision support tool.
Methods: An online decision support tool was developed with input from 5 experts providing therapy recommendations for 192 unique patient case scenarios based on considerations including disease setting, treatment history, access to therapy, and specific comorbidities. HCP tool users entered specific patient criteria to define a case along with their intended management for that case. The tool then showed the 5 expert recommendations for that same case scenario, and users were asked if the recommendations impacted their intended approach. An analysis of expert recommendations and user-selected therapy was performed.
Results: Between April 2023 and July 2023, 207 patient cases were entered by 144 participating HCPs. HCP and expert treatment recommendations were frequently discordant, regardless of treatment setting (Table). The highest concordance between HCP and expert recommendations (47%; $P < .0001$) was in the induction setting (n = 111). In this setting, experts were more likely to recommend quadruplet regimens compared with HCPs (62% vs 27%, respectively; $P < .0001$). Treatment selection concordance was lower in the maintenance (n = 17; 24%; $P < .0001$) and relapsed/refractory settings (n = 79; 20%; $P < .0001$). The lowest concordance (10%; $P < .0001$) between HCP and expert treatment recommendations was noted in the relapsed/refractory setting specifically among patients who were refractory to earlier lines of therapy (n = 41; $P < .0001$). For patients who are refractory to earlier lines of therapy, experts were more likely to recommend an anti-CD38-based combination regimen compared with HCPs (81% vs 32; $P < .0001$). When recommending treatment for patients with triple- or penta-refractory disease, experts were significantly more likely to recommend BCMA-targeted agents (83% vs 39%; $P < .0001$).
For HCPs whose treatment plan did not match expert recommendations in these scenarios, 53% of respondents indicated that expert recommendations confirmed or changed their intended therapy, but 31% indicated that there were barriers to implementing those recommendations.
Conclusions: These data suggest ongoing challenges with incorporating the newest therapies and combinations across the spectrum of MM into patient care, particularly multidrug regimens in the induction and maintenance settings and BCMA-targeted therapies in those with triple- or penta-refractory disease. Continued education and development of resources for HCPs, including online decision support tools, may be increasingly important as the treatment of MM continues to grow in complexity.

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Table. Summary of Treatment Choices by Experts or HCPs for Select Patient Scenarios

Induction (n = 111), %	**Expert**	**HCPs**
Discordant treatment selection	53	
Daratumumab/bortezomib/lenalidomide/dexamethasone (DVRd)	47	21
Daratumumab/lenalidomide/dexamethasone (DRd)	18	7
Bortezomib/lenalidomide/dexamethasone (VRd)	15	23
Daratumumab/carfilzomib/lenalidomide/dexamethasone (DKRd)	15	6
Other	5	32
Uncertain	--	11
Maintenance (n = 17), %	**Expert**	**HCPs**
Discordant treatment selection	76	
Bortezomib/lenalidomide (VR)	45	6
Lenalidomide	29	53
Carfilzomib/lenalidomide/dexamethasone (KRd)	14	0
Carfilzomib/lenalidomide (KR)	7	0
Daratumumab/lenalidomide (DR)	5	6
Other	--	23
Uncertain	--	12
Relapsed/Refractory to Earlier Lines of Therapy* (n = 41), %	**Expert**	**HCPs**
Discordant treatment selection	90	
Daratumumab/carfilzomib/dexamethasone (DKd)	34	2
Daratumumab/pomalidomide/dexamethasone (DPd)	30	10
Daratumumab/carfilzomib/pomalidomide/dexamethasone (DKPd)	10	0
Daratumumab/lenalidomide/dexamethasone (DRd)	5	2
Venetoclax-based regimen	13	5
Selinexor-based regimen	4	5
Other	4	51
Uncertain	--	24
Triple or Penta Refractory (n = 31), %	**Expert**	**HCPs**
Discordant treatment selection	68	
Teclistamab	53	23
CAR T-cell therapy (ciltacabtagene autoleucel or idecabtagene vicleucel)	30	16
Carfilzomib/pomalidomide/dexamethasone (KPd)	6	6
Selinexor-based regimen	6	0
Venetoclax-based regimen	4	3
Other	1	13
Uncertain	--	39

*Includes patients refractory to: lenalidomide; lenalidomide and bortezomib or ixazomib; lenalidomide and carfilzomib; lenalidomide and 2 proteasome inhibitors; 2 immunomodulatory drugs and 2 proteasome inhibitors.

Figure 1

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